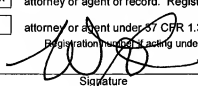


|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)</i>  |            | <b>Docket Number (Optional)</b><br>AST-0001 |           |
| <b>Application Number</b> 10/828,500-Conf. #4294  |            | <b>Filed</b> April 21, 2004                 |           |
| <b>For</b> FILTERING AND MANAGING ELECTRONIC MAIL   |            |   |           |
| <b>Art Unit</b> 2457  |            | <b>Examiner</b> H. A. El Chanti             |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |           |
|   | <b>Fee</b> | <b>Small Entity Fee</b>                     |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65  | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245                                       | \$ _____  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555                                       | \$ 555.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865                                       | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                                      | \$ _____  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u> .   |            |   |           |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,290</u>  |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration Number <u>_____</u>  |            |   |           |
| <br>_____<br>Signature   |            | _____<br>October 13, 2009<br>Date           |           |
| _____<br>Christopher M. Tobin<br>Typed or printed name  |            | _____<br>(202) 955-3750<br>Telephone Number |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |           |